An Essay
on
Puerperal Fever

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The subject that I have chosen for my essay is Puerperal fever an inflamatory disease peculiar to child-bed women. The name was first employed by Dr. Mother in the year seventeen hundred and sixteen. It is now generaly adopted by medical writers and is considered to be synonymous with puerperal peritonitis child-bed fever peritoneal fever or the epidemic disease of lying-in women. The disease has existed from the earliest periods of antiquity but the account given of it by the early writers is short and imperfect and it is probable that it did not attract the particular attention of the profession until near the

the middle of the seventeenth century when it made its appearence at Paris as a malignent epidemic which proved fatal to nearly all who were attacked by it. The mortality of the disease at this time could scarcely fail to attract the attention of physicians and lead to a thorough investigation of it but the true nature of the disease does not appear to have been well understood until it was discovered by Dr Gordon of Aberdeen who published a treatise on the disease in the ~~year~~ seventeen hundred and ninty five in which he points out with much perspicuity and force of reason the nature seat and cure of it giving the most

convincing arguments of the justness of his opinions in the extraordinary success of his practice. The disease prevailed as an epidemic in Montgomery Co. near Norristown from August eighteen hundred and forty eight until March eighteen hundred and forty nine and every woman who was attended in labour by preceptor during that time was attacked by ~~the~~ it The disease as it occured in the vicinity of Norristown most commonly commenced on the second or third day after delivery for except in three cases it always attacked the patient before there was a full secretion of milk. The attack usualy commenced with a rigor or shivering fit by nausea or vomiting and great anexiety

After the cold stage had passed the skin became hot and dry the thirst urgent. the pulse seldom less than one hundred and twenty in the minute and rather full tense and vibrating in some cases very small and sharp or somewhat wiry severe pain in the abdomen which was very tender to the touch and if pressed upon caused great uneasiness In some cases the pain was deep and obtuse and more confined to one part but however limited in extent at first it gradualy spread over the whole abdomen which became very tender to the touch turnid tense and tympanitic. The head was often affected with pain but more commonly with giddiness and

a sense of confusion. The tongue was in most cases white & somewhat furred and sometimes dry but most ~~in~~ commonly moist and in some cases it was found to be perfectly clean especialy where vomiting occured at the begining of the disease. The lochia commonly continued to flow as usual in some cases it was deminished and in others wholly suppressed. As the disease advanced especialy if there was much pain the abdomen generaly became much distended and respiration was performed with the greatest difficulty The patient generaly laid upon the back with the legs drawn up to obviate the pressure of the bed clothes and abdominal muscles

Such were the symptoms of the disease as it occured in the practice of my preceptor and if not arrested by the proper treatment it soon terminated fatally. Various causes have been assigned by writers for the production of puerperal fever. Some contend that the cause of the disease is a specific contagion and by others when it prevails epidemicaly its cause has been refered to a noxious constitution of the atmosphere Gordon and Armstrong contend that the disease is infectious and the former thinks that every person who is with a patient laboring under this disease becomes charged with an atmosphere of infection which can be communicated to every pregnent

woman who comes within its sphere and declares that he himself has been the means of carrying the infection to a great number of women. Hulme maintained that it was not more contagious than pleuritis nephritis or any other infamatory disease. Professor Meigs states that he has gone from the dissection of the bodies of women dying at the hospital with symptoms of the most ~~vo~~lent puerperal fever and from visiting the patients of other ~~phy~~physicians who were labouring under this disease and has never communicated it to any of the women he attended in labour a short time afterwards There can be no doubt that the disease is often caused by some

protracted and instrumental labours the forcible introduction of the hand into the uterus exposure to cold and moisture and irregularities in diet soon after delivery. Whatever conclusion we may arrive at as to the contagious or noncontagious character of the disease it cannot affect the view that has been taken of its proximate cause or essential nature for the symptoms morbid appearances and influence of remedies all prove whatever the nature of the remote cause may be that it acts by exciting inflamation of the uterine organs. The dissection of persons who have died of puerperal fever reveals extensive inflamation of the peritoneum ~~and~~ its productions

and of the ovaries In some cases the womb is found to be gangrenous or softened by inflamation and in others the veins of the uterus are greatly inflamed and filled with inflamatory deposits of lymph or gorged full of pus. Deposits of pus are sometimes found in the thorax or other remote parts of the body and to so great an extent as to give rise to the idea of a pyogenic or pus creating fever. The absorbents of the uterus are affected in a manner similar to that of its veins The omentum has been found lacerated and sometimes nearly half of its substance rotted by suppuration Sometimes large quantities of a seropurulent fluid are found in

the cavity of the abdomen. Of all diseases to which Child bed women are liable puerperal fever is the most dangerous It is asserted by one author that the death of much the greater portion women who die in childbed is caused by this disease If the first twenty four hours ~~of the~~ after the marked appearance of the disease be lost it has generaly speaking passed far beyond the reach of art and can be arrested by no treatment - however appropriate but if taken in its earliest stages and treated actively there are few acute diseases that afford the phy=sician more chance for the successful employment of his remedies. Armstrong thinks that much of the fatality of

the disease is owing to the cautious timidity and indecision in treating it Notwithstanding we should always give a guarded prognosis as cases have terminated fatally in defiance of the most appropriate treatment. The favorable symptoms are diminished frequency of the pulse a gentle moisture on the skin a flow of milk to the breasts a plentiful discharge of the lochia and the patient becomes able to turn in bed. Some of the most favourable symptoms according to Gordon are the appearance of an erysipelas on the extremities or of abscesses on different parts of the body and the occurrence of a diarrhoea early in the disease especially if the tumefaction of the abdomen was thereby diminished the pain relieved and the pulse rendered slower

A very quick weak pulse great tension of the abdomen difficult respiration a dry rough tongue de=lirium black vomiting black stools and a circumscribed crimson spot on the cheek are all very unfa=vourable symptoms. Cold clammy sweats on the face and breast in=voluntary stools, fluttering pulse and cessation of pain are the immediate harbingers of death. Venesection ranks first of all the agents to be employed in the treatment of puerperal fever All other remedies such as purgatives opiates leeches fomentations &c are used as mere adjuvants to the em=ployment of the lancet. The disease consists essentialy of an inflamation and to subdue this bloodletting is

the only agent that can be depended upon. The lancet should be employed early and freely for if energetic means be not resorted to within twelve hours after the attack and at times within six all the efforts of the physician may prove futile. Gordon if called within twelve hours after the attack always insisted on bleeding and places his standard at twenty four ounces as the quantity to be drawn and states that he never failed to cure the disease at once ~~when~~ he was called early and took that quantity ~~of blood~~ at one bleeding. Hey. Armstrong Lee and Prof. Meigs all concur with him in recommending the early and free use of the lancet Prof. Meigs makes no objection to his standard which is

concurred in by Hey with certain exceptions and thinks that it is sufficiently large to effect the desireable degree of reduction in most cases. but is not willing to adopt it as a general rule since the same effect is produced in some by twenty four ounces in others by thirty and in others again by twelve or fifteen. We should always bleed until the desireable effect is produced and let the pulse the breathing the expiration pain and the general sensations of the patient declare that enough has been done and not too much nor too little. If the pain in the abdomen is not removed or greatly relieved by the operation in six hours it ought to be repeated. As an adjuvant to venesection leeches may be freely

employed by scattering them over the ab-~~dome~~ parts of the abdomen most affected with pain and soreness. Cataplasms and warm fomentations may be used with great advantage after the removal of the leeches and the bowels should be well opened by some suitable purgative or by enemata. Gordon always administered immediately after bleeding two scruples of jalap and three grains of Calomel mixed with conserve of roses which always operated well and speedily. The diarrhoea thus excited was continued by other purgative mixtures given in such proportions as to cause five or six evacuations daily for the first three days after which the dose was diminished but the medicine was always continued until the end of the disease

Every night he give an opiate to allow the patient some rest and to give her strength to enable her to bear the evacuations of the ensuing day.
They coincides with Gordon in the use of purgatives but objects to ~~the~~ use of opiates and thinks that they rather tend to prolong the disease
Armstrong recomends Calomel as a purgative in doses of a scruple or half dram and thinks that opiates are prejudicial at the commencement of the disease although very useful in allaying the irritation of the system and inducing sleep after the inflamatory symptoms have been subdued. Prof Meigs is averse to active purgation ~~as~~ a remedy in this disease and recomends the bowels to be well opened by enemata

or by Calomel followed by Castor oil and after the operation Calomel and opium or Calomel and Dr Pow with warm mucilaginous drinks. These serve after the evacuation of the bowels to promote perspiration which when properly excited control in a very useful manner the internal disorders of the circulation. The following description of a case of puerperal fever taken from the note-book of my preceptor will serve to show the treatment that was most successful as the disease occurred in his practice

"Mrs W— a young woman in health was delivered of her second child on the eight day of December eighteen hundred and forty eight after a short and easy labour. The third day after delivery was attacked with a chill

which was succeeded by increased heat
pain in the head severe pain in the
abdomen which was extremely sore to
the touch thirst urgent tongue
coated respiration very frequent breasts
flaccid lochia nearly ceased pulse
from one hundred and twenty to an
hundred and thirty. Took from twenty
five to thirty ounces of blood from the
arm prescribed fifteen grains calomel
and directed it to be followed in three hours by an
infusion manna and magnesia with
warm fomentations to the abdomen
I saw her early on the next morning
the purgatives had operated freely and
the head ache was greatly relieved the pain
in the abdomen but little diminished
pulse hundred to hundred and ten. I
again took about fifteen or twenty

ounces of blood from the same orifice and had the pleasure to find that the pulse soon fell to a more moderate state Ordered a saline mixture every three hours with twenty five drops of laudanum to the first dose and an opiate at night. On the following morning I found that the bowels had been opened several times during the early part of the evening ~~and~~ The patient had slept about five hours and all the symptoms were greatly allevicted. On the fourth day from the attack all appearance of danger was over and in a few days she was in the enjoyment of good healt". Such is the treatment that I have seen put in practice by my preceptor and I am happy to say that it has

never disappointed his hopes of success except in two cases and one of these I have every reason to believe that the disease had passed far beyond the curable stage before the delivery of the child.